

**COMMISSARY INFORMATION**

COMMISSARY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMISSION GRANTED BY \_\_\_\_\_ DATE \_\_\_\_\_

**MOBILE INFORMATION**

MOBILE UNIT NAME \_\_\_\_\_

VEHICLE DESCRIPTION: MODEL \_\_\_\_\_ MAKE \_\_\_\_\_

VEHICLE IDENTIFICATION # \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: A COPY OF THE COMMISSARY PERMIT AND THE MOST RECENT INSPECTION SHEET ARE REQUIRED IN ADDITION TO THIS LETTER. THIS IS ONLY REQUIRED IF THE COMMISSARY IS NOT LOCATED WITHIN GALVESTON COUNTY. A NEW LETTER OF COMMISSARY MUST BE SUBMITTED EACH TIME YOUR HEALTH DISTRICT PERMIT IS RENEWED.